

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Tennessee Republican Party Federal Election Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Winred**

Mailing Address PO Box 9891

City  
ArlingtonState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2022

☐ Primary ☐ General  
☒ Other (specify) ▼  
Annual

Aggregate Year-to-Date ▼

4002.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 31 / 2022

Transaction ID : AEB8119D811E24232A93

Amount of Each Receipt this Period

4002.00

☒ Memo Item

Conduit Memo Total

Earmark Non-Directed

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Elcan, Charles, A., Mr.,**

Mailing Address 1034 Chancery Ln S

City  
NashvilleState  
TNZip Code  
37215-4524FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ChcOccupation (for Individual)  
Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 31 / 2022

Transaction ID : A557E7A342FB348C2B67

Amount of Each Receipt this Period

350.00

☐ Memo Item

46695

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Engle, David, , ,**

Mailing Address 45 N. Grove Park Rd

City  
MemphisState  
TNZip Code  
38117FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Baptist HospitalOccupation (for Individual)  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 12 / 2022

Transaction ID : A80F0D501D9D84CB EAA4

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00